

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/53674** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	3						54						
5	(1)						55						
6	(1)						56						
7	1						57						
8		1					58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13	2						63						
14	2						64						
15	(1)						65						
16	1						66						
17	1						67						
18		2					68						
19	1						69						
20		1					70						
21		2					71						
22	(1)						72						
23	(1)						73						
24	1						74						
25		1					75						
26		2					76						
27	(1)						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8												
TOTAL DEP.	26												
TOTAL CLAIMS	34												